

## STATE OF CALIFORNIA DEPARTMENT OF MENTAL HEALTH

**BID FORM****IFB: 04-74073-000****Due: May 14, 2004****3:00 PM****PREADMISSION SCREENING AND RESIDENT REVIEW/MENTAL ILLNESS (PASRR/MI)****LEVEL II EVALUATION PROCESS**

The undersigned bidder hereby proposes to provide the services specified in:

Std. 213	-	Contract Face Sheet
Exhibit A	-	Program Narrative (Scope of Work)
Exhibit B	-	Budget Detail and Payment Provisions
Exhibit B-1	-	Budget Detail
Exhibit C	-	General Terms and Conditions
Exhibit D	-	Special Terms and Conditions
Exhibit E	-	Additional Provisions – (HIPAA)

It is understood that the contract will consist of the Face Sheet and above referenced exhibits. Exhibit "A" of the contract is to be developed based on Contractor's bid as well as departmental requirements. Samples of the Face Sheet, EXHIBITS "B" "D" and "E" are attached to this IFB and are solely for your information.

It is understood that while no substantive changes in the sample contract documents are expected to occur in the period between the bidding process and the signing of the contract, non-substantive technical changes resulting from operation of law may occur.

Awards made pursuant to this IFB will be for Fiscal Years 2004-07 contingent on the Legislature appropriating sufficient funds in the Budget Act for the fiscal year and on satisfactory completion of the terms and conditions specified in EXHIBIT "A". The New Level II will be implemented if funds are appropriated in the Budget Act.

<b>Service Period: (FY 2004-05)</b>	<b>07/01/2004 to 06/30/2005</b>
<b>(FY 2005-06)</b>	<b>07/01/2005 to 06/30/2006</b>
<b>(FY 2006-07)</b>	<b>07/01/2006 to 06/30/2007</b>

**FY 2004-05:** Pursuant to the attached provisions of this project, our all inclusive bid including negotiated New Level II evaluations, personnel and operation costs, required training, and MIS costs is \$ \_\_\_\_\_. **(12 months)**

**FY 2005-06:** Pursuant to the attached provisions of this project, our all inclusive bid including negotiated New Level II evaluations, personnel and operation costs, required training, and MIS costs is \$ \_\_\_\_\_. **(12 months)**

**FY 2006-07:** Pursuant to the attached provisions of this project, our all inclusive bid including negotiated New Level II evaluations, personnel and operation costs, required training, and MIS costs is \$ \_\_\_\_\_. **(12 months)**

**Grand Total:** Pursuant to the attached provisions of this project, our all inclusive bid including negotiated New Level II evaluations, personnel and operation costs, required training, and MIS costs is

\$ \_\_\_\_\_. **(Consolidated Bid for 36 months)**

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 Authorized Signature

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 Date

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 Type or Print Signer's Name and Title

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 Name and Address of Organization (Individual)

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 Federal Identification #/Social Security #

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 Telephone Number of Organization